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FROM: Stout, Uxa, Buyan & Mullins

RE: USSN 10/716,739
Our Ref A-1789-DIV

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Please deliver to Examiner Gary W. Counts (AU.1641)

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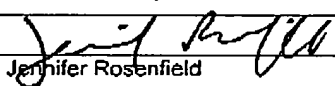
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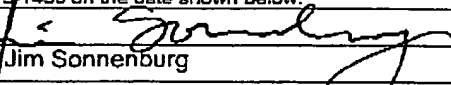
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| | | | |
|--|---|------------------------|-------------------|
| TRANSMITTAL FORM | | Application Number | 10/716,739 |
| | | Filing Date | November 18, 2003 |
| | | First Named Inventor | PANDIAN |
| | | Art Unit | 1641 |
| | | Examiner Name | Counts, G.W. |
| (to be used for all correspondence after initial filing) | | Attorney Docket Number | A-1789-div |
| Total Number of Pages in This Submission | 7 | | |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (5 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks: | | |

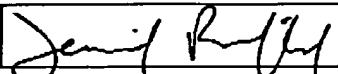
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | Stout, Uxa, Buyan & Mullins, LLP | | |
| Signature |  | | |
| Printed name | Jennifer Rosenfield | | |
| Date | July 18, 2006 | Reg. No. | 53,531 |

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| Signature |  | | |
| Typed or printed name | Jim Sonnenburg | Date | July 18, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Patent Fees are subject to annual revision. FEE TRANSMITTAL For FY 2005 | | Complete if Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|--|--------------|--------------|--------------|----------|----------|----------|-----|--------|-----|-----|-------|-----|-----|---------|-----|-----|-------------|-----|-----|--|---|--|--------------|--|----------|----------|--|-----|-----|--|-----|----|--|-----|-----|--|-----|-----|--|---|---|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number: 10/716,739 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Filing Date: November 18, 2003 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | First Named Inventor: PANDIAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name: Counts, G.W. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Art Unit: 1641 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) | | Attorney Docket No.: A-1789div | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-5135 Deposit Account Name: Donald E. Stout For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PYO-2038. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILING FEES <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> </tr> </tbody> </table> | | Application Type | Small Entity | | Fee (\$) | Fee (\$) | Utility | 300 | 150 | Design | 200 | 100 | Plant | 200 | 100 | Reissue | 300 | 150 | Provisional | 200 | 100 | SEARCH FEES <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td></td> <td>500</td> <td>250</td> </tr> <tr> <td></td> <td>100</td> <td>50</td> </tr> <tr> <td></td> <td>300</td> <td>150</td> </tr> <tr> <td></td> <td>500</td> <td>250</td> </tr> <tr> <td></td> <td>0</td> <td>0</td> </tr> </tbody> </table> | | | Small Entity | | Fee (\$) | Fee (\$) | | 500 | 250 | | 100 | 50 | | 300 | 150 | | 500 | 250 | | 0 | 0 |
| Application Type | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fee (\$) | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | 300 | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | 200 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant | 200 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | 300 | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional | 200 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fee (\$) | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 500 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 300 | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 500 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | EXAMINATION FEES <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td></td> <td>200</td> <td>100</td> </tr> <tr> <td></td> <td>130</td> <td>65</td> </tr> <tr> <td></td> <td>160</td> <td>80</td> </tr> <tr> <td></td> <td>600</td> <td>300</td> </tr> <tr> <td></td> <td>0</td> <td>0</td> </tr> </tbody> </table> | | | Small Entity | | Fee (\$) | Fee (\$) | | 200 | 100 | | 130 | 65 | | 160 | 80 | | 600 | 300 | | 0 | 0 | | | | | | | | | | | | | | | | | | | | |
| | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fee (\$) | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 200 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 600 | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Fees Paid (\$) _____ _____ _____ _____ _____ Subtotal (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>25</td> </tr> <tr> <td>200</td> <td>100</td> </tr> <tr> <td>360</td> <td>180</td> </tr> </tbody> </table> | | Small Entity | | Fee (\$) | Fee (\$) | 50 | 25 | 200 | 100 | 360 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee (\$) | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 360 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) _____ - 20 or HP = _____ x _____ = _____ | | Multiple Dependent Claims Fee (\$) Fee Paid (\$) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) _____ - 3 or HP = _____ x _____ = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HP = highest number of total claims paid for, if greater than 20 HP = highest number of independent claims paid for, if greater than 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Subtotal (2) 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Subtotal (3) 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Surcharge - Late filing fee or oath/declaration : \$130 (\$65 small entity discount) | | Fees Paid (\$) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount) | | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount) | | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount) | | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 4-month extension of time: \$590 fee (\$295 small entity discount) | | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount) | | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Subtotal (4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  | | Registration No. 53,531 (Attorney/Agent) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Print/Type) Jennifer Rosenfield | | Telephone (949) 450-1750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Date 7/18/06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/716,739 Confirmation No. 6774
Applicant : PANDIAN et al.
Filed : November 18, 2003
Title : METHODS AND KITS FOR DETECTING ITA IN A BIOLOGICAL
SAMPLE

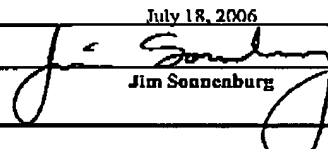
TC/A.U. : 1600/1641
Examiner : COUNTS, G.W.

Docket No. : A-1789 DIV
Customer No. : 33197

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| Date: | July 18, 2006 |
| By: |  Jim Sonnenburg |

RESPONSE TO FINAL OFFICE ACTION

Dear Sir:

This communication is submitted in response to the Office Action mailed on May 18, 2006 by the United States Patent and Trademark Office regarding the above-identified application. A response to the Office Action is due on August 18, 2005. This response is being submitted WITHIN TWO MONTHS of the mailing date of the Final Office Action. Accordingly, this response is being timely filed. Please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.